

Apr 18, 2019

SEAN F. MCAVOY, CLERK

UNITED STATES DISTRICT COURT  
EASTERN DISTRICT OF WASHINGTON

JIM G.,

Plaintiff,

v.

COMMISSIONER OF SOCIAL  
SECURITY,

Defendant.

No. 1:18-CV-03087-JTR

ORDER GRANTING PLAINTIFF'S  
MOTION FOR SUMMARY  
JUDGMENT

**BEFORE THE COURT** are cross-motions for summary judgment. ECF Nos. 14, 15. Attorney D. James Tree represents Jim G. (Plaintiff); Special Assistant United States Attorney Erin Frances Highland represents the Commissioner of Social Security (Defendant). The parties consented to proceed before a magistrate judge. ECF No. 8. After reviewing the administrative record and the briefs filed by the parties, the Court **GRANTS, in part**, Plaintiff's Motion for Summary Judgment; **DENIES** Defendant's Motion for Summary Judgment; and **REMANDS** the matter to the Commissioner for additional proceedings pursuant to 42 U.S.C. §§ 405(g), 1383(c).

**JURISDICTION**

Plaintiff filed an application for Supplemental Security Income (SSI) on March 31, 2014, Tr. 102, alleging disability since September 5, 2009, Tr. 202, due

1 to an irregular heartbeat, depression, severe lower back pain, chronic migraines,  
2 knee pain, and hepatitis A. Tr. 275. The applications were denied initially and  
3 upon reconsideration. Tr. 135-42, 146-51. Administrative Law Judge (ALJ)  
4 Keith Allred held a hearing on January 10, 2017 and heard testimony from Plaintiff  
5 and vocational expert Steven Cardinal. Tr. 45-75. The ALJ issued an unfavorable  
6 decision on March 24, 2017. Tr. 17-37. The Appeals Council denied review on  
7 March 29, 2018. Tr. 1-5. The ALJ's March 14, 2017 decision became the final  
8 decision of the Commissioner, which is appealable to the district court pursuant to  
9 42 U.S.C. §§ 405(g), 1383(c). Plaintiff filed this action for judicial review on May  
10 24, 2018. ECF Nos. 1, 4.

### 11 **STATEMENT OF FACTS**

12 The facts of the case are set forth in the administrative hearing transcript, the  
13 ALJ's decision, and the briefs of the parties. They are only briefly summarized  
14 here.

15 Plaintiff was 49 years old at the date of application. Tr. 202. He completed  
16 the twelfth grade in 1984. Tr. 276. His reported work history includes gutter  
17 hanger, general laborer, press brake operator, and roofer. *Id.* When applying for  
18 benefits Plaintiff reported that he stopped working on September 5, 2009 because  
19 of his conditions. Tr. 275. At his hearing, he stated that he stopped working to  
20 return to Missouri to care for his ill father, but that "I was having problems mainly  
21 at work. I started, I was spitting blood up and some other stuff and I think I was  
22 stretched." Tr. 54.

### 23 **STANDARD OF REVIEW**

24 The ALJ is responsible for determining credibility, resolving conflicts in  
25 medical testimony, and resolving ambiguities. *Andrews v. Shalala*, 53 F.3d 1035,  
26 1039 (9th Cir. 1995). The Court reviews the ALJ's determinations of law de novo,  
27 deferring to a reasonable interpretation of the statutes. *McNatt v. Apfel*, 201 F.3d  
28 1084, 1087 (9th Cir. 2000). The decision of the ALJ may be reversed only if it is

1 not supported by substantial evidence or if it is based on legal error. *Tackett v.*  
2 *Apfel*, 180 F.3d 1094, 1097 (9th Cir. 1999). Substantial evidence is defined as  
3 being more than a mere scintilla, but less than a preponderance. *Id.* at 1098. Put  
4 another way, substantial evidence is such relevant evidence as a reasonable mind  
5 might accept as adequate to support a conclusion. *Richardson v. Perales*, 402  
6 U.S. 389, 401 (1971). If the evidence is susceptible to more than one rational  
7 interpretation, the court may not substitute its judgment for that of the ALJ.  
8 *Tackett*, 180 F.3d at 1097. If substantial evidence supports the administrative  
9 findings, or if conflicting evidence supports a finding of either disability or non-  
10 disability, the ALJ's determination is conclusive. *Sprague v. Bowen*, 812 F.2d  
11 1226, 1229-30 (9th Cir. 1987). Nevertheless, a decision supported by substantial  
12 evidence will be set aside if the proper legal standards were not applied in  
13 weighing the evidence and making the decision. *Browner v. Secretary of Health*  
14 *and Human Services*, 839 F.2d 432, 433 (9th Cir. 1988).

### 15 SEQUENTIAL EVALUATION PROCESS

16 The Commissioner has established a five-step sequential evaluation process  
17 for determining whether a person is disabled. 20 C.F.R. § 416.920(a); *see Bowen*  
18 *v. Yuckert*, 482 U.S. 137, 140-42 (1987). In steps one through four, the burden of  
19 proof rests upon the claimant to establish a prima facie case of entitlement to  
20 disability benefits. *Tackett*, 180 F.3d at 1098-99. This burden is met once the  
21 claimant establishes that physical or mental impairments prevent him from  
22 engaging in his previous occupations. 20 C.F.R. § 416.920(a)(4). If the claimant  
23 cannot do his past relevant work, the ALJ proceeds to step five, and the burden  
24 shifts to the Commissioner to show that (1) the claimant can make an adjustment to  
25 other work, and (2) the claimant can perform specific jobs which exist in the  
26 national economy. *Batson v. Comm'r of Soc. Sec. Admin.*, 359 F.3d 1190, 1193-94  
27 (9th Cir. 2004). If the claimant cannot make an adjustment to other work in the  
28 national economy, a finding of "disabled" is made. 20 C.F.R. § 416.920(a)(4)(v).

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At step one, the ALJ found Plaintiff had not engaged in substantial gainful activity since March 31, 2014, the date of application. Tr. 20.

At step three, the ALJ found that Plaintiff did not have an impairment or combination of impairments that met or medically equaled the severity of one of the listed impairments. Tr. 24.

The claimant can lift and/or carry 20 pounds occasionally and 10 pounds frequently; sit for 6 hours in an 8-hour workday and stand and/or walk for 6 hours in an 8-hour workday with normal rest breaks, occasionally climb ramps and stairs, balance, stoop, bend, squat, kneel, and crouch; never crawl or climb ladders, ropes, or scaffolds; can never use the left upper extremity for overhead reaching, but frequently for reaching at waist level in other directions; and can have no exposure to vibrations, fumes, or hazards. He is able to perform the basic mental demands of competitive, unskilled work, including the ability to understand, carry out, and remember simple instructions; respond appropriately to supervision, coworkers, and usual work situations; and to deal with changes in a routine work setting. He requires work that involves only occasional interaction with the general public, and not more than frequent interaction with a supervisor and coworkers.

<sup>1</sup>The ALJ addressed Plaintiff's prior 2013 application and declined to reopen the October 28, 2013 denial. Tr. 17.

Tr. 27-28. The ALJ found that Plaintiff had no past relevant work. Tr. 35.

At step five, the ALJ determined that, considering Plaintiff's age, education, work experience and residual functional capacity, and based on the testimony of the vocational expert, there were other jobs that exist in significant numbers in the national economy Plaintiff could perform, including the jobs of electrical accessories assembler, small parts assembler, and mail clerk. Tr. 36. The ALJ concluded Plaintiff was not under a disability within the meaning of the Social Security Act from March 31, 2014, through the date of the ALJ's decision. Tr. 36-37.

## ISSUES

The question presented is whether substantial evidence supports the ALJ's decision denying benefits and, if so, whether that decision is based on proper legal standards. Plaintiff contends the ALJ erred by (1) failing to address Plaintiff's personality disorder and bilateral knee impairment at step two, (2) failing to properly weigh the medical opinions, and (3) failing to properly weigh Plaintiff's symptom statements.

## DISCUSSION<sup>2</sup>

### 1. Step Two

Plaintiff challenges the ALJ's step two determination arguing that she failed to find Plaintiff's bilateral knee impairments and personality disorder were

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<sup>2</sup>In *Lucia v. S.E.C.*, 138 S.Ct. 2044 (2018), the Supreme Court recently held that ALJs of the Securities and Exchange Commission are "Officers of the United States" and thus subject to the Appointments Clause. To the extent *Lucia* applies to Social Security ALJs, the parties have forfeited the issue by failing to raise it in their briefing. See *Carmickle v. Comm'r of Soc. Sec. Admin.*, 533 F.3d 1155, 1161 n.2 (9th Cir. 2008) (the Court will not consider matters on appeal that were not specifically addressed in an appellant's opening brief).

1 medically determinable. ECF No. 14 at 4-6.

2 At step two of the sequential process, the ALJ must determine whether a  
3 claimant suffers from a “severe” impairment. 20 C.F.R. § 416.920(c). To show a  
4 severe impairment, the claimant must first establish the existence of a medically  
5 determinable impairment by providing medical evidence consisting of signs,  
6 symptoms, and laboratory findings; the claimant’s own statement of symptoms, a  
7 diagnosis, or a medical opinion is not sufficient to establish the existence of an  
8 impairment. 20 C.F.R. § 416.921. “[O]nce a claimant has shown that he suffers  
9 from a medically determinable impairment, he next has the burden of proving that  
10 these impairments and their symptoms affect his ability to perform basic work  
11 activities.” *Edlund v. Massanari*, 253 F.3d 1152, 1159-60 (9th Cir. 2001). If the  
12 claimant fulfills this burden, the ALJ must find the impairment “severe.” *Id.*

13 The step-two analysis is “a de minimis screening device used to dispose of  
14 groundless claims.” *Webb v. Barnhart*, 433 F.3d 683, 687 (9th Cir. 2005). An  
15 impairment is “not severe” if it does not “significantly limit” the ability to conduct  
16 “basic work activities.” 20 C.F.R. § 416.922(a). Basic work activities are  
17 “abilities and aptitudes necessary to do most jobs.” 20 C.F.R. § 416.922(b). “An  
18 impairment or combination of impairments can be found not severe only if the  
19 evidence establishes a slight abnormality that has no more than a minimal effect on  
20 an individual’s ability to work.” *Smolen v. Chater*, 80 F.3d 1273, 1290 (9th Cir.  
21 1996) (internal quotation marks omitted).

22 Plaintiff asserts that the ALJ erred by failing to find his impairments  
23 medically determinable. ECF No. 16 at 2-4. Defendant argues that the ALJ found  
24 the impairments to be medically determinable, but not severe. ECF No. 15 at 2-3.

25 Turning to the ALJ’s decision, it is difficult to ascertain whether he found  
26 the bilateral knee impairment medically determinable. First, the ALJ set forth his  
27 finding of the severe impairments: “recurrent arrhythmias, sprains and strains,  
28 disorder of urinary tract, cervical and lumbar radiculopathy, affective disorder,

1 migraine headaches, and substance abuse disorder.” Tr. 20. He then stated: “I  
2 have considered every medically determinable impairment of which I am aware in  
3 reaching my assessment of the claimant’s residual functional capacity, whether I  
4 find it to be severe or non-severe.” *Id.* He then addressed the period prior to the  
5 filing date, stating “There are essentially no musculoskeletal or neurological  
6 abnormalities noted during this period.” Tr. 22. He specifically addressed  
7 Plaintiff’s knees six times: (1) “Knee x-rays taken during this earlier period were  
8 also negative for any significant abnormalities. (Ex 5F/11);” (2) “Bilateral knee  
9 and right elbow x-rays were negative, . . . (Ex 26F/5-8);” (3) “In June, the claimant  
10 also presented with knee complaints, but he was still assessed to have intact  
11 strength and sensation. Ex 27F/35);” (4) “the claimant underwent an examination  
12 in April 2016, which did demonstrate some range of motion issues, but nothing of  
13 an extreme extent. (Ex 23F/103-104). . . . tenderness to palpation was noted along  
14 with a misalignment of the ACL joint. (23F/114);” (5) “in August, the claimant  
15 was ambulatory. (Ex 24F/10);” and (6) “the claimant was again assessed to have  
16 normal strength and sensation with a pain level only at 1 out of 10. (Ex 27F/16).”  
17 Tr. 22. As a conclusion, the ALJ addressed all the musculoskeletal impairments by  
18 stating “As with the cardiovascular condition, such a record is supportive of  
19 severity, but it is not indicative of extreme limitations alleged.” Tr. 22. Earlier,  
20 the ALJ determined that Plaintiff’s alleged cardiovascular condition as “generally  
21 indicative of an impairment that would have a limited effect upon the claimant;  
22 however, . . . it is not as limiting as alleged.” Tr. 21.

23 The ALJ’s discussion of Plaintiff’s various musculoskeletal impairments is  
24 difficult to review. He addressed all the musculoskeletal impairments at once, Tr.  
25 22, found “sprains and strains” and “cervical and lumbar radiculopathy” as severe,  
26 Tr. 20, and made a general statement that he “considered every medically  
27 determinable impairment,” Tr. 20. First, the ALJ’s general finding of “sprains and  
28 strains” is unreviewable. This impairment is not specific enough for the Court to

ascertain what part of the body suffered “sprains and strains” to correlate to any specific limitation in the residual functional capacity determination. A “sprain and strain” in a lower extremity joint would result in different limitations than a “sprain and strain” in an upper extremity joint. Second, every time Plaintiff’s alleged bilateral knee impairment was addressed it was accompanied with generally negative findings. Tr. 22. Therefore, the ALJ’s assertion that he considered all medically determinable impairments, Tr. 20, is not sufficient for the Court to ascertain if the bilateral knee impairment was found as medically determinable. Third, the ALJ seems to address Plaintiff’s credibility and whether or not the impairment was work preclusive: “such a record is supportive of severity, but it is not indicative of the extreme limitations alleged.” Tr. 22. This is the incorrect standard at step two, which requires the ALJ to determine whether the alleged impairments are medically determinable and severe. *Webb*, 433 F.3d at 687 (The step-two analysis is “a de minimis screening device.”).

Likewise, the ALJ generally addressed Plaintiff’s “mental conditions” as a single impairment and stated: “taken as a whole such a record is supportive of severity, but it is inconsistent with allegations of mental conditions that would essentially preclude the claimant from work.” Tr. 24. Again, the ALJ is applying the incorrect standard at step two. *Webb*, 433 F.3d at 687 (The step-two analysis is “a de minimis screening device.”).

The ALJ erred by failing to clearly identify the medically determinable impairments at step two. *Brown-Hunter v. Colvin*, 806 F.2d 487, 492 (9th Cir. 2015) (“we still demand that the agency set forth the reasoning behind its decisions in a way that allows for meaningful review”). The case is remanded for the ALJ to clearly identify (1) those impairments he finds medically determinable and (2) of the medically determinable impairments, those that he finds severe.

## **2. Medical Opinions**

Plaintiff argues the ALJ failed to properly consider and weigh the medical



1 opinions expressed by Jeremiah Crank, M.D., Ronald Dougherty, Ph.D., Thomas  
2 Genthe, Ph.D., Janis Lewis, Ph.D., Philip Barnard, Ph.D., Aaron Burdge, Ph.D.,  
3 Luci Carstens, Ph.D., Christmas Covell, Ph.D., and John Robinson, Ph.D. ECF  
4 No. 14 at 6-18.

5 In weighing medical source opinions, the ALJ should distinguish between  
6 three different types of physicians: (1) treating physicians, who actually treat the  
7 claimant; (2) examining physicians, who examine but do not treat the claimant;  
8 and, (3) nonexamining physicians who neither treat nor examine the claimant.  
9 *Lester v. Chater*, 81 F.3d 821, 830 (9th Cir. 1995). The ALJ should give more  
10 weight to the opinion of a treating physician than to the opinion of an examining  
11 physician. *Orn v. Astrue*, 495 F.3d 625, 631 (9th Cir. 2007). Likewise, the ALJ  
12 should give more weight to the opinion of an examining physician than to the  
13 opinion of a nonexamining physician. *Id.*

14 When a treating physician's opinion is not contradicted by another  
15 physician, the ALJ may reject the opinion only for "clear and convincing" reasons.  
16 *Baxter v. Sullivan*, 923 F.2d 1391, 1396 (9th Cir. 1991). When a treating  
17 physician's opinion is contradicted by another physician, the ALJ is only required  
18 to provide "specific and legitimate reasons." *Murray v. Heckler*, 722 F.2d 499,  
19 502 (9th Cir. 1983). Likewise, when an examining physician's opinion is not  
20 contradicted by another physician, the ALJ may reject the opinion only for "clear  
21 and convincing" reasons, and when an examining physician's opinion is  
22 contradicted by another physician, the ALJ is only required to provide "specific  
23 and legitimate reasons" to reject the opinion. *Lester*, 81 F.3d at 830-31.

24 The specific and legitimate standard can be met by the ALJ setting out a  
25 detailed and thorough summary of the facts and conflicting clinical evidence,  
26 stating his interpretation thereof, and making findings. *Magallanes v. Bowen*, 881  
27 F.2d 747, 751 (9th Cir. 1989). The ALJ is required to do more than offer his  
28 conclusions, he "must set forth his interpretations and explain why they, rather

1 than the doctors', are correct." *Embrey v. Bowen*, 849 F.2d 418, 421-22 (9th Cir.  
2 1988).

3 **A. Jeremiah Crank, M.D.**

4 In June of 2013, Dr. Crank completed a Physical Functional Evaluation form  
5 for the Department of Social and Health Services (DSHS). Tr. 391-95. He  
6 diagnosed Plaintiff with lower back pain from back and bilateral knee impairments  
7 and headaches. Tr. 392. He opined that plaintiff was "Severely limited" defined  
8 as "Unable to meet the demands of sedentary work." Tr. 393. He estimated that  
9 Plaintiff's current limitation would persist for twelve months with available  
10 treatment. *Id.* He additionally found that the current impairments were primarily  
11 the result of alcohol or drug use within the past sixty days and when asked if the  
12 current level of impairment would be expected to persist following 60 days of  
13 sobriety, he checked both "Yes," and "No." *Id.*

14 On March 30, 2016, Dr. Crank completed a second Physical Functional  
15 Evaluation form for DSHS. Tr. 754-58. He listed Plaintiff's diagnosis as  
16 cervical/lumbar radiculopathy/degenerative disc disease and possible herniated  
17 disc. Tr. 755. He opined that Plaintiff was "Severely limited," which is defined as  
18 "Unable to meet the demands of sedentary work." Tr. 756. Dr. Crank stated that  
19 Plaintiff's impairments were not the result of alcohol or drug use in the past sixty  
20 days. *Id.*

21 The ALJ gave the opinions little weight because (1) they were inconsistent  
22 with the record as a whole, (2) they were inconsistent with the doctor's own  
23 findings, (3) Dr. Crank did not review the opinion of W. Jack Lovern, (4) Dr.  
24 Crank provided no explanation for the inconsistencies between his opinions and his  
25 treatment notes, and (5) Dr. Crank failed to provide an explanation as to why his  
26 opinions were inconsistent with that of Dr. Anna Espiritu. Tr. 34. The parties  
27 agree that Dr. Crank was a treating physician. ECF Nos. 14 at 7; 15 at 5.

28 However, they disagree as to whether the ALJ's reasons meet the lesser standard of

1 specific and legitimate.

2 The ALJ's first reason for rejecting the opinions, that they were inconsistent  
3 with the record as whole, fails to meet the specific and legitimate standard.

4 Inconsistency with the majority of objective evidence is a specific and legitimate  
5 reason for rejecting a physician's opinion. *Batson*, 359 F.3d at 1195. Defendant  
6 accurately points out that the ALJ provided citations to the record. ECF No. 15 at  
7 5-6. However, he provided a citation to over three hundred pages of the record  
8 without any discussion. Tr. 34. The conclusion that the opinion was inconsistent  
9 with the record followed by a citation to the majority of the medical evidence in  
10 the record and no additional discussion is not specific and legitimate.

11 The ALJ's second reason for rejecting the opinions, that they were  
12 inconsistent with doctor's own findings, is not specific and legitimate. An ALJ  
13 may cite internal inconsistencies in evaluating a physician's report when rejecting  
14 an opinion. *Bayliss v. Barnhart*, 427 F.3d 1211, 1216 (9th Cir. 2005). Here, the  
15 ALJ found the opinions to be inconsistent with treatment notes showing Plaintiff  
16 was receiving no pain from his atrial fibrillation. Tr. 34. On June 20, 2013 and  
17 March 30, 2013, Dr. Crank wrote in his treatment notes that the atrial fibrillation  
18 was asymptomatic. Tr. 397, 759-60. However, Dr. Crank's opinion was based on  
19 the impairments of lower back pain, bilateral knee pain, and severe headaches. Tr.  
20 392, 755. Therefore, the symptoms of Plaintiff's atrial fibrillation are immaterial  
21 to the opinions.

22 The ALJ's third reason for rejecting the opinions, that Dr. Crank did not  
23 review the opinion of W. Jack Lovern, M.D., is not specific and legitimate. On  
24 September 9, 2013, Dr. Lovern from Yakima Urology Associates, PLLC  
25 completed a physical evaluation that showed no abnormalities. Tr. 426-27. First,  
26 Dr. Lovern's opinion postdates Dr. Crank's June 2013 opinion. Therefore, Dr.  
27 Crank could not have reviewed the opinion prior to writing the June 2013 opinion.  
28 Second, Dr. Lovern was performing a urological consultation. Tr. 426. While the

1 musculoskeletal evaluation was normal in Dr. Lovern's September 9, 2013  
2 evaluation, Dr. Crank completed his own range of motion testing as part of the  
3 March 30, 2016 opinion, which showed a limited range of motion in Plaintiff's  
4 back, neck, hips, and knees. Tr. 757. Dr. Crank's failure to discuss Dr. Lovern's  
5 evaluation three years later when addressing the current relevant period is  
6 immaterial.

7 The ALJ's fourth reason for rejecting the opinions, that Dr. Crank provided  
8 no explanation for the inconsistencies between his opinion and his treatment notes,  
9 is not specific and legitimate. An ALJ may cite internal inconsistencies in  
10 evaluating a physician's report when rejecting an opinion. *Bayliss*, 427 F.3d at  
11 1216. However, the ALJ failed to state how Dr. Crank's opinions were  
12 inconsistent with his treatment notes. Tr. 34. Therefore, Dr. Crank's lack of  
13 explanation is not a specific and legitimate reason to reject his opinions.

14 The ALJ's fifth reason for rejecting the opinions, that Dr. Crank failed to  
15 provide an explanation as to why his opinions were inconsistent with that of Dr.  
16 Anna Espiritu, is not specific and legitimate. Dr. Espiritu completed a Physical  
17 Functional Evaluation form for DSHS on October 24, 2012. Tr. 329-31. She  
18 opined that Plaintiff's physical impairments were mild to moderate and limited  
19 Plaintiff to medium work. Tr. 330-31. However, Dr. Crank's failure to discuss the  
20 2012 opinion has little bearing on the reliability of his 2016 opinion. The ALJ  
21 determined that the prior application was denied as of October 28, 2013 and  
22 refused to reopen the application. Tr. 17. Therefore, the medical evidence prior to  
23 the current application pertains to an already adjudicated period and does not  
24 pertain to the current period at issue. This is not a specific and legitimate reason.  
25 Upon remand, the ALJ will readdress Dr. Crank's opinion.

26 **B. Ronald Dougherty, Ph.D.**

27 On March 5, 2015, Dr. Dougherty completed a Psychological Evaluation for  
28 Social Security. Tr. 641-48. He diagnosed Plaintiff with alcohol dependence,

1 methamphetamine dependence, cannabis abuse, polysubstance dependence, major  
2 depressive disorder, adjustment disorder with anxiety, and antisocial personality  
3 traits. Tr. 647. Dr. Dougherty found that Plaintiff's social skills appeared to be  
4 good, he was able to do detailed and complex tasks, accept instructions from  
5 supervisors, interact with coworkers, and interact with the public. Tr. 648. He also  
6 opined that Plaintiff "may have some difficulty maintaining regular attendance in  
7 the workplace or in completing a normal workday/workweek without interruptions  
8 from his depressive disorder, though his continued use of substances and medical  
9 problems are likely to be the principal impediment to this." *Id.* He also stated that  
10 Plaintiff "may have some difficulty dealing with the stress encountered in the  
11 workplace due to his depressive symptoms and distrust of others." *Id.*

12 The ALJ gave the opinion great weight except for the attendance portion of  
13 the opinion. Tr. 32. The ALJ found that Dr. Dougherty's opinion regarding  
14 attendance was not supported by the record, stating "[t]here is no consistent  
15 indication within the record that the claimant had significant mental problems  
16 making it to treatment," and that Plaintiff was now sober, "which would suggest  
17 that attendance would not be an issue." *Id.* First, the ALJ's finding that the ability  
18 to attend treatment is analogous to the ability to attend to full-time work has been  
19 deemed unsupported by the Ninth Circuit. *See Garrison v. Colvin*, 759 F.3d 995,  
20 1016 (9th Cir. 2014) (recognizing that a claimant has more flexibility in scheduling  
21 activities and can receive help with activities where this flexibility and help would  
22 not necessarily be available in a full-time job).

23 Second, the ALJ's conclusion that the limitation has been cured by  
24 Plaintiff's reported sobriety, this is an incorrect application of S.S.R. 13-2p. The  
25 S.S.R. requires the ALJ to first complete the five-step sequential evaluation  
26 process with all limitations, including those that result from substance abuse, and if  
27 the claimant is disabled, then complete a new five-step sequential evaluation  
28 removing limitations that stem from substance abuse. S.S.R. 13-2p. Here, the ALJ

1 disregarded the attendance because he determined it was caused by substance  
2 abuse. Tr. 32. This is not a valid reason to reject Dr. Dougherty's opinion, but  
3 addresses the materiality of Plaintiff's substance abuse and should be addressed in  
4 accord with S.S.R. 13-2p.

5 **C. Thomas Genthe, Ph.D.**

6 On April 8, 2014, Dr. Genthe completed a Psychological/Psychiatric  
7 Evaluation form for DSHS. Tr. 585. He diagnosed Plaintiff with major depressive  
8 disorder, methamphetamine use disorder, and alcohol use disorder. Tr. 587. He  
9 opined that Plaintiff had marked limitations in the ability to perform activities  
10 within a schedule, maintain regular attendance, and be punctual within customary  
11 tolerances without special supervision and to communicate and perform effectively  
12 in a work setting. *Id.* Additionally, he opined that Plaintiff had a moderate  
13 limitation in four basic work abilities. *Id.* The ALJ assigned little weight to the  
14 opinion because the marked limitations were inconsistent with the record as a  
15 whole and inconsistent with intact mental examination findings and the GAF score  
16 in Dr. Genthe's evaluation. Tr. 33.

17 The ALJ's first reason for rejecting the opinion, that it was inconsistent with  
18 the record as a whole, is not specific and legitimate. The ALJ made a general  
19 statement that the opinion was inconsistent with the evidence and then cited to  
20 fourteen exhibits. Tr. 33. Citing to such a large amount of evidence with no  
21 discussion as to what specific evidence undermines the opinion is not legally  
22 sufficient.

23 The ALJ's second reason for rejecting the opinion, that it was inconsistent  
24 with the mental examination findings and the GAF score in Dr. Genthe's  
25 evaluation, is not specific and legitimate. When discussing the mental examination  
26 findings in Dr. Genthe's evaluation, the ALJ failed to state how the evaluation was  
27 inconsistent with the opinion. Tr. 33. Dr. Genthe assigned Plaintiff a GAF score  
28 of 50. Tr. 587. A GAF score between 41 and 50 demonstrates "serious symptoms

(e.g., suicidal ideation, severe obsessional rituals, frequent shoplifting) OR any serious impairment in social, occupational, or school functioning (e.g., no friends, unable to keep a job).” DSM-IV-TR at 34. The ALJ failed to discuss how Dr. Genthe’s opinion was inconsistent with a GAF score of 50. Therefore, this reason fails to meet the specific and legitimate standard. The ALJ will address Dr. Genthe’s opinion on remand.

#### **D. Remaining Opinions**

Plaintiff also challenged the ALJ’s treatment of the opinions provided by Janis Lewis, Ph.D., Philip Barnard, Ph.D., Aaron Burdge, Ph.D., Luci Carstens, Ph.D., Christmas Covell, Ph.D., and John Robinson, Ph.D. ECF No. 14 at 12-18. Considering the case is remanded for the ALJ to make a new step two determination and address the opinions of Dr. Crank, Dr. Dougherty, and Dr. Genthe, the ALJ will also readdress the remaining opinions upon remand.

#### **4. Plaintiff’s Symptom Statements**

Plaintiff contests the ALJ’s determination that Plaintiff’s symptom statements were unreliable. ECF No. 14 at 18-21.

The evaluation of a claimant’s symptom statements and their resulting limitations relies, in part, on the assessment of the medical evidence. *See* 20 C.F.R. § 416.929(c); S.S.R. 16-3p. Therefore, in light of the case being remanded for the ALJ to readdress the medical source opinions in the file, a new assessment of Plaintiff’s subjective symptom statements will be necessary.

#### **REMEDY**

Plaintiff urges the Court to apply the credit-as-true rule and remand this case for an immediate award of benefits. ECF No. 14 at 18.

The decision whether to remand for further proceedings or reverse and award benefits is within the discretion of the district court. *McAllister v. Sullivan*, 888 F.2d 599, 603 (9th Cir. 1989). Under the credit-as-true rule, where (1) the record has been fully developed and further administrative proceedings would

1 serve no useful purpose; (2) the ALJ has failed to provide legally sufficient reasons  
2 for rejecting evidence, whether claimant testimony or medical opinion; and (3) if  
3 the improperly discredited evidence was credited as true, the ALJ would be  
4 required to find the claimant disabled on remand, we remand for an award of  
5 benefits. *Revels v. Berryhill*, 874 F.3d 648, 668 (9th Cir. 2017). Even when the  
6 three prongs have been satisfied, the Court will not remand for immediate payment  
7 of benefits if “the record as a whole creates serious doubt that a claimant is, in fact,  
8 disabled.” *Garrison*, 759 F.3d at 1021.

9 Here, the first and third prong of the credit-as-true rule are not satisfied  
10 because the opinions of Dr. Crank and Dr. Genthe address Plaintiff’s substance  
11 abuse as the potential cause of Plaintiff’s symptoms. Therefore, even if the  
12 opinions were credited as true, the ALJ would not be required to award benefits.  
13 The ALJ would instead be required to proceed through the five-step sequential  
14 evaluation process a second time to properly address the limitations resulting from  
15 Plaintiff’s substance abuse in accord with S.S.R. 13-2p. Therefore, the case is  
16 remanded for additional proceedings consistent with this order.

### 17 CONCLUSION

18 Accordingly, **IT IS ORDERED:**

19 1. Defendant’s Motion for Summary Judgment, **ECF No. 15**, is  
20 **DENIED**.

21 2. Plaintiff’s Motion for Summary Judgment, **ECF No. 14**, is  
22 **GRANTED, in part**, and the case **REMANDED** for additional proceedings  
23 consistent with this order.

24 3. Application for attorney fees may be filed by separate motion.

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1 The District Court Executive is directed to file this Order and provide a copy  
2 to counsel for Plaintiff and Defendant. **Judgment shall be entered for Plaintiff**  
3 and the file shall be **CLOSED**.

4 DATED April 18, 2019.

A handwritten signature in black ink, consisting of a stylized 'M' followed by a horizontal line.

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JOHN T. RODGERS  
UNITED STATES MAGISTRATE JUDGE